

SPONSOR A WMFHA MEMBERSHIP MEETING

INCREASE YOUR "VISIBILITY", BUILD VALUABLE RELATIONSHIPS,
AND WATCH YOUR BUSINESS GROW!



May Membership Luncheon

Lunch - \$300

May 15, 2018

Residents Without A Cause—The Recipe for Non-Renewal

With Jenn Piccoti, Chief Operating Officer and Partner, ManagInc

Renaissance Seattle Hotel

- **A 6' TABLE TOP DISPLAY**
- **TWO ATTENDEES (\$118 VALUE)**
- **CLICK THROUGH COMPANY LOGO ON WMFHA CALENDAR**
- **COMPANY LOGO ON ALL MARKETING MATERIALS**
- **COMPANY LOGO ON POWER POINT SLIDES**
- **COMPANY LOGO ON EVENT SIGNAGE**
- **LIST OF ATTENDEES PROVIDED POST-EVENT**





SPONSORSHIP CONTRACT

Western Washington 2018 Membership Meeting

1. SPONSOR COMPANY NAME: _____
2. SPONSOR CONTACT (to whom sponsor communications will be sent): _____
3. CONTACT PHONE: _____ FAX: _____
4. CONTACT EMAIL ADDRESS: _____
5. As a representative for the sponsor company I am committing to the following sponsorship:
LUNCHEONS - \$300 May 15, 2018
6. **A 50% NON-REFUNDABLE deposit is due upon submission of this contract. Contracts will NOT be accepted and sponsorships will NOT be awarded without the deposit.**
7. Company understands and agrees to the benefits for Membership Meeting sponsors as outlined.
8. Sponsorships are awarded on a FIRST COME (via fax, email, phone, or in-person presentation) basis.
9. **Failure to pay the sponsorship fee in full by the due date** will result in the loss of your company's sponsorship. All monies paid to WMFHA for the sponsorship will be considered liquidated damages for WMFHA having reserved sponsor space and marketing your company as a sponsor for this event.
10. A signed copy of this contract will be sent to you via email as confirmation of your sponsorship.
11. Company agrees to all of the terms and conditions in this contract. This contract is not valid and binding until signed by an authorized WMFHA representative.

By (authorized signature of Sponsor's representative): _____

Print Name: _____ Date: _____

PAYMENT

CHECK ENCLOSED CREDIT CARD AUTHORIZED AMOUNT: \$ _____

CC# _____ EXP: _____ CVC: _____

NAME ON CARD: _____

BILLING ADDRESS OF CARD _____

SIGNATURE: _____

FAX TO: 425.656.9087 EMAIL TO: admin@wmfha.org MAIL TO: 711 Powell Ave. SW Suite 101, Renton, WA 98057

FOR WMFHA USE ONLY

Contract received via: fax email phone In-person Received on _____ at _____
DATE TIME

Received By: _____